

voices of the **SOVIET JEWISH** community

Introduction

Demographic changes in the Seattle area are having a profound impact on the local health care delivery system. Health care providers need to hear from ethnic communities about their experience in trying to access health care. Offering culturally appropriate care requires being open to the perceptions, realities and expectations of a community that may be different from one's own.

The Cross Cultural Health Care Program (CCHCP) at Pacific Medical Center works with health care providers, interpreters and community-based organizations to address these needs. Established in 1992, the CCHCP is funded by a grant from the W.K. Kellogg Foundation. This "Voices of the Communities" profile is one of a series developed by the CCHCP. The profiles and an earlier survey of 22 underserved ethnic communities are part of the CCHCP's effort to provide a forum for underserved communities to interact with the health care community. These profiles were developed by and in consultation with members of the profiled community.



Ethnic groups

Soviet Jews represent a national minority of two ethnic groups: Ashkenasim (about 80 percent) and Sephardim (about 20 percent). Ashkenasim are European Jews whose ancestors came from Germany. They speak Yiddish, a mixture of Hebrew and German written in Hebrew characters. Ashkenasim immigrating to Seattle lived in republics in the European part of the former Soviet Union. Sephardim are from the Caucasus and Central Asia. Their ancestors came from Spain. They speak Ladino, a mixture of Hebrew and Spanish written in Hebrew characters. Those coming to King County are from Azerbaijan and Uzbekistan.

History

After the revolution of 1917, many Jewish families moved to large industrial cities. Jews were severely discriminated against by the communists. A 1949 purge of Yiddish authors and Jewish intellectuals included closing synagogues, persecuting worshippers, and removing works by Jewish authors from libraries. Jews were an easy target for hatred, anger and violence.

The first wave of Soviet Jews immigrating to the United States began early in the century. In 1979, the government temporarily stopped issuing exit permits to Jews and did not start again until after perestroika began in the late 1980s. Another wave of immigration followed.

Soviet Jewish Demographic and Cultural Background

Languages

Soviet Jewish refugees are Russian-speaking. Most also speak the languages of the republics where they used to live (Ukrainian, Belorussian, Latvian and Uzbek, for example). Their native languages, Yiddish and Ladino, were forbidden in the Soviet Union and were spoken only at home or with close friends. Only the oldest generation of Soviet Jews can still understand and speak Yiddish or Ladino.

Social values

Social values of Ashkenasim are similar to those of Eastern European people. The Sephardim experience Moslem influence on values and family relationships. Education is one of the most important values for all Jews because it is transportable and gives a better chance for adjustment and survival in a new place. This was important because, having no country of their own for centuries, Jews were never sure how long they would be welcome in a foreign land. Jews do all they can to give their children a good education. Soviet Jews are fond of reading, art and music, and are interested in international affairs.

Family life

Soviet Jews have strong family ties. Ashkenasim normally have only one or two children because they experienced financial pressures against having more. Inadequate housing was also a problem. Most families lived in three-generation households, with the grandparents looking after the children while the parents worked. It is common for Jewish refugee families to bring the grandparents with them. Often grandparents gave substantial financial support to young families and thus became the dictators of family matters. Grandmothers, who are in charge of household chores, are especially respected. Sephardim families often have more than two children. For them the male parents have authority in family matters.

Religion

Soviet Jews formerly practiced Orthodox Judaism. However, the government-sponsored denigration of religion, especially Judaism, was effective. Only older people now maintain contact with their religion. Soviet Jews who are 30 to 50 years old are almost totally atheistic.



Population size and residence

The first Soviet Jewish refugees arrived in the Seattle area in 1976. Early arrivals encouraged relatives and friends to settle here. As of 1994, Soviet Jewish refugees in the Seattle area number: 2,100 Ukrainian Jews (Ashkenasim); 2,000 Russian Jews (Ashkenasim); 500 Ashkenasim from other European republics of the former Soviet Union; and 500 Sephardim from former Soviet republics in Asia. Soviet Jewish refugees who arrived in the 1970s settled mostly in Seattle. Recent refugees prefer the Eastside, especially Bellevue, Redmond and Kirkland.

Religion

In the United States it has become common for new arrivals to revive religious traditions. They attend temples, send their children to Jewish schools and celebrate religious holidays. Jewish refugees have accepted Reform Judaism as the most characteristic form of Judaism in the United States.

Community organizations

Jewish Family Service is a major community agency for Jewish refugees, but serves only those who arrived in the United States through the Jewish immigration organization HIAS. Other Soviet Jewish refugees receive services through the Employment Opportunities Center and Refugee Federation Service Centers. The Soviet Union Refugees Association in the Eastside assists new arrivals in adjusting to U.S. life.



Medical care and providers

The Soviet free health care system was unified for the whole country. There are no family doctors or primary health care providers. Patients do not choose their own doctors. Health care services for adults and children are separated. There are district clinics, hospitals and doctors for children and adults in each area.

Very often people, especially educated people, are not satisfied with the district doctor or clinic. The reasons for dissatisfaction include: the low level of the district doctor's professional skills; the absence of modern equipment or medicines in the district clinic/hospital; the patient needed serious treatment or surgery; the patient needed special consultation. Often patients will find another doctor, who would expect to be paid a fee for giving treatment or advice.

Good doctors in the former Soviet Union treat diseases by trying to reveal the possible causes and focusing treatment there. Hospitals often have long waiting lists if an illness is not an emergency. The average stay for hospital in-patients is three weeks. In the case of complications or serious surgery, the stay can be extended to five weeks.

Patients are given "sick lists"—documents stating their disease and the number of days to stay at home or in hospital. Only the district doctor has authority to write out such lists for adults and children. This makes patients dependent on the district doctor's good attitude. Often a good relationship with the doctor is established by means of bribes.

Doctors work together with a nurse who does most of the paperwork. The patient's medical history is carefully recorded and kept for years, including all visits to specialists, immunizations, laboratory tests and hospitalizations. Patients can see specialists on their own or on the district doctor's advice. Chiropractors are gaining more respect as efficient health care providers. More people in urban areas prefer to see a chiropractor for certain treatments.

Concepts of Health Care and Medicine

Maternal and child health

Pregnant women register with the district obstetric clinic. They have regular monthly checkups and take a mandatory training. They are given an eight-week leave both before and after delivery. If complications arise, post-delivery leave may be extended to 10 weeks. Pregnant women usually go to the hospital one to two days before delivery; mother and baby stay in hospital for one week.

Child immunization against several diseases is mandatory. Children without immunization can't be enrolled in schools or day care centers.

Mental health

Mental health was not respected in the Soviet Union. Historically, mental problems were a taboo, not to be discussed even in the family. It was shameful and sometimes dangerous to admit that someone in the family had mental problems. Mental health care institutions in the Soviet Union were unofficially under KGB supervision. There was always fear that one could be forcibly placed in a mental clinic.

Traditional healing

Herbal and folk medicine are applied in the former Soviet Union along with conventional medicine. Folk medicine is used more in rural areas where health services and medicines are not readily available. Folk medicine is considered by many to be less harmful than chemical medication.



Medical care and providers

The focus of medicine in the former Soviet republics is on revealing causes of a disease. Soviet Jewish refugee patients sometimes feel U.S. doctors have little interest in the cause but instead try to treat the disease only.

Most Soviet Jewish refugees are highly educated people. They will soon understand and adjust to the U.S. health care system. Whether they trust their doctor depends on his or her personality, concern, professionalism and awareness of the differences in providing health care services.

Suggestions

- ≈ Provide more information to familiarize refugees with U.S. health care practices.
- ≈ Provide information about mental health about the help that is available for depression. Many Jews have suffered not only educational and professional restrictions but also other types of harassment. They may be overly sensitive, vulnerable or aggressive or may have mental problems of which they are unaware.
- ≈ Explain dietary norms and practices. This could be done by doctors and community agencies.
- ≈ Translate into Russian all required hand-outs.



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This profile is based primarily on discussions with refugees who worked in medicine in their home country and with patients from different age groups. The author's draft was discussed by 14 members at a meeting of the Soviet Union Refugees Association and was read and approved by four community members of differing ages.

References include:

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***For More
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